

FORM SLIP 1-7-5 AREA (For additional cross references)

07/02/68

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | AD | 69861 | 8/18 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | 7 | 60035 | 8/30/68 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|-----------------------|
| Final Original | 11 6 1 15 20 11 5 4 9 |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
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| 50 | ✓ |

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

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